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PTO/SB/05 (08-00)
Approved for use through 10-31-2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Atty. Docket No. **X-735 US**

First Inventor or Appl. Identifier

John D. Logue

Title

Synchronized Multi-Output Digital Clock Manager

Express Mail Label No.

EL539650632US**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:
**Commissioner for Patents
Box Patent Application
Washington, DC 20231**

- | | |
|--|---|
| <p>1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages
(preferred arrangement set forth below)]
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequenct listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)</p> | <p>53</p> <p>6. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Copy</p> <p>b. Specification Sequence Listing on:</p> <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p> |
| <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets
24]</p> <p>4. Oath or Declaration [Total Pages
2]</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d))
(for continuation/divisional with Box 16 completed)</p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR § 1.63(d)(2) and 1.33(b).</p> <p>5. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>9. <input type="checkbox"/> 37 CFR §3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)</p> <p>14. <input type="checkbox"/> Certified Copy of Priority Document(s)
(if foreign priority is claimed)</p> <p>15. <input type="checkbox"/> Other:</p> |

16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

 Continuation Divisional Continuation-in-part (CIP) of prior application No: _____

Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	24309 (Insert Customer No. or Attach bar code label here)	or <input type="checkbox"/> Correspondence address below
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Name	Attn: Edel M. Young			
Address				
City		State	Zip Code	
Country		Telephone	Fax	
Name (Print/Type)		Edel M. Young	Registration No. (Attorney/Agent)	32,451
Signature		<i>Edel M. Young</i>	Date	October 6, 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$ 746.00)

Complete if Known

Application Number	Unknown
Filing Date	October 6, 2000
First Named Inventor	John D. Logue
Examiner Name	Unknown
Group /Art Unit	Unknown
Attorney Docket No.	X-735 US

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number	24-0040
Deposit Account Name	XILINX, INC.
<input type="checkbox"/> Charge the Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17	

2. Payment Enclosed: Check Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Fee Paid	Fee	Fee Description	Fee
Code	(\$)		
101	710	Utility filing fee	\$710
106	320	Design filing fee	
107	490	Plant filing fee	
108	710	Reissue filing fee	
114	150	Provisional filing fee	

SUBTOTAL (1) (\$ 710.00)

2. EXTRA CLAIM FEES

Total Claims	-20** =	Extra	Fee from below	Fee Paid
22	-20** =	2	x 18 =	\$36
02	- 3** =	-1	x 0 =	\$0

Multiple Dependent X = _____

** or number previously paid, if greater; For Reissues, see below

Large Entity	Fee	Fee Description
Fee Code	(\$)	
103	18	Claims in excess of 20
102	80	Independent claims in excess of 3
104	270	Multiple dependent claim, if not paid
109	80	**Reissue independent claims over original patent
110	18	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 36.00)

3. ADDITIONAL FEES

Large Entity	Fee	Fee Description	Fee Paid
Fee Code	(\$)		
105	130	Surcharge - late filing fee or oath	
127	50	Surcharge - late provisional filing fee or cover sheet.	
147	2,520	For filing a request for reexamination	
112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	Requesting publication of SIR after Examiner action	
115	110	Extension for reply within first month	
116	390	Extension for reply within second month	
117	890	Extension for reply within third month	
118	1,390	Extension for reply within fourth month	
128	1,890	Extension for reply within fifth month	
119	310	Notice of Appeal	
120	310	Filing a brief in support of an appeal	
121	270	Request for oral hearing	
138	1,510	Petition to institute a public use proceeding	
140	110	Petition to revive - unavoidable	
141	1,240	Petition to revive - unintentional	
142	1,240	Utility issue fee (or reissue)	
122	130	Petitions to the Commissioner	
123	50	Petitions related to provisional applications	
126	240	Submission of Information Disclosure Stmt	
581	40	Recording each patent assignment per property (times number of properties)	
146	710	Filing a submission after final rejection (37 CFR 1.129(a))	
149	710	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify) _____			
Other fee (specify) _____			

*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Edel M. Young	Registration No. (Attorney/Agent)		Telephone	408-879-4969
Signature	Edel M. Young			Date	10-06-2000

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5. Application Data Sheet. See 37 CFR 1.76

ACCOMPANYING APPLICATION PARTS

8. Assignment Papers (cover sheet & document(s))
 9. 37 CFR §3.73(b) Statement (when there is an assignee) Power of Attorney
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Address			
City	State	Zip Code	
Country	Telephone	408-879-4969	Fax 408-377-6137

Name (Print/Type)

Edel M. Young

Registration No. (Attorney/Agent)

32,451

Signature

Edel M. Young

Date October 6, 2000

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